



# CITY OF LEOMINSTER

Board of Health

25 WEST STREET – SUITE 9

LEOMINSTER, MASSACHUSETTS 01453

Telephone (978) 534-7533, FAX (978) 534-8416

Fee: \$100

Christopher Knuth  
Director

## APPLICATION FOR SOIL EVALUATION AND PERCOLATION TESTING

Test Schedule Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

(Applicant must have legal permission to test this property)

Soil Evaluator Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Location of property to be tested: \_\_\_\_\_

Total Area of property: \_\_\_\_\_

3. Proposed Construction: ☐

Proposed Replacement ☐

a. Residential \_\_\_\_\_

b. Commercial \_\_\_\_\_

c. \_\_\_\_\_

4. Proposed Water Supply: Public \_\_\_\_\_

Private \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_